



PRIME MINISTER

CCF
Any David Willetts
Comments by tomorrow night
please.

WAITING LISTS

We have for some time been discussing ways of reducing waiting lists with Regional Health Authorities. I am glad to say that they have now agreed to initiate a drive to reduce both waiting lists and waiting times. I shall be setting action in train at a meeting tomorrow with Regional Chairmen and I propose to announce the initiative in the next few days by means of a Written Answer, a copy of which I attach.

It will take some time to make a substantial impression on the problem and I envisage action continuing over the next three years.

Regions are being asked in the first place to arrange for every district in the country to review waiting times and waiting lists for in-patient treatment and also the time which people have to wait for outpatient appointments. Where these are long, districts will be required to establish the reasons and draw up specific proposals for bringing them down. The proposals will vary from place to place since a combination of factors can be responsible for long lists. Sometimes it will be a matter of improving the coordination and management of services - for example by reducing the time between admission to hospital and the carrying out of an operation. In others it may require the introduction of new techniques to reduce treatment time or to make day treatment possible.


Districts will be working up their analyses and proposals with Regions who will report back to us on progress by the end of October. I am clear that significant improvements can be made within existing resources and districts will be expected to draw up their initial proposals on this basis. Extra resources may, however, be needed

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to remove particular bottlenecks. Further action will, therefore, depend in part on the outcome of the current public expenditure negotiations.

The cooperation of the medical profession will be particularly important to the success of the initiative. We have discussed the issue both with the Joint Consultants Committee and the General Medical Services Committee. Their attitude was that they would not be able to support any initiative unless they had an assurance that additional resources would be provided. They may, therefore, give the initial announcement a cool reception. I am sure though that we should proceed now in order to make a significant impact over the next twelve to eighteen months.

I am copying this minute to Willie Whitelaw, Nicholas Edwards, Tom King, Malcolm Rifkind, John MacGregor and Norman Tebbit.



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15 July 1986

DRAFT PQ AND ANSWER

Q. To ask the Secretary of State for Social Services, what action he is taking to reduce waiting lists for NHS patients.

A. The record of health service staff in increasing the number of patients treated is an excellent one. Waiting lists are now lower than they were in 1979. In England at 31 March 1979 they stood at 752,422. By September 1985 they had fallen to 661,249. This was in spite of industrial action in 1982 following which waiting lists rose by about 100,000 cases.

Nevertheless, waiting lists are still too high. In some places, and for some kinds of treatment, people are having to wait too long.

I have therefore asked the Chairmen of the Regional Health Authorities to initiate a drive on long waiting lists and waiting times. To make a substantial impression on the problem will take time and so I envisage action continuing over the next ^{three} ~~five~~ years. The Chairmen have been asked to start the process by reviewing the waiting lists and times for in-patient treatment in every District in the country. They have also been asked to review waiting times for outpatient treatment. Where these are unsatisfactory, they will ask the Districts to establish why this is so, and to decide what needs to be done to improve matters. The Regional Health Authorities will report by the end of October on the results of the review and on the proposals for action which they have agreed with the Districts. Further action will then be put in hand.

Experience in a number of districts who have acted to reduce their waiting lists has shown that reorganisation and better coordination of existing resources can bring lists and waiting times down. Better planning of the use of staff, operating theatres and beds can enable more patients to be treated.

For example, NHS staff have already done much, by changing methods and introducing new techniques, to enable patients to be treated as day cases and to reduce lengths of stay in hospital. By these and other means further progress will be possible.

I know that health authorities are now seized with the need to make a real attack on long waiting lists and times and I look forward to receiving the reports on their progress later in the year.

